

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER F VAD0004049
LABEL ITEMS EPA I.D. NUMBER FACILITY NAME FACILITY MAILING ADDRESS FACILITY LOCATION	<div style="border: 2px solid black; border-radius: 50%; padding: 20px; width: 150px; margin: auto;"> <p>RECEIVED - DEQ AUG 14 2009 Tidewater Regional Office</p> </div> <p>PLEASE PLACE LABEL IN THIS SPACE</p>	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column. If the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

NAME OF FACILITY

CIP TYSON FARMS INC.

FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
KILMON DON W. WASTEWATER MGR.	757 824 3471

FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
PO BOX 8			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
TEMPERANCEVILLE		VA	23442

FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
11224 LANKFORD HIGHWAY			
B. COUNTY NAME			
ACCOMACK			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
TEMPERANCEVILLE		VA	23442
F. COUNTY CODE (if known)			

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2015 (specify)	POULTRY PROCESSING			72077 (specify)	ANIMAL FATS & OILS		
C. THIRD				D. FOURTH			
0254 (specify)	POULTRY HATCHERY						

III. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VIII-A also the owner?	
TYSON FARMS INC.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify):				D. PHONE (area code & no.)			
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)		757	824	3471	

E. STREET OR P.O. BOX					
PO BOX 8					

F. CITY OR TOWN			G. STATE	H. ZIP CODE	IX. INDIAN LAND	
TEMPERANCEVILLE			VA	23442	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)			D. PSD (Air Emissions from Proposed Sources)		
VA0004049			9 P		
B. UIC (Underground Injection of Fluids)			E. OTHER (specify)		
			VPA 01035 (specify) LAND APPLICATION		
C. RCRA (Hazardous Wastes)			E. OTHER (specify)		
			40333 (specify) AIR EMISSIONS		

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

BUSINESS OPERATIONS: A HATCHERY WHICH SUPPLIES CHICK TO THE GROWERS. CHICKENS ARE TRANSPORTED TO THE PROCESSING FACILITY WHERE THEY ARE SLAUGHTERED, DE-FEATHERED, EVISCERATED, CHILLED, PACKAGED AND SHIPPED TO CUSTOMERS. WASTE PRODUCTS ARE SENT TO THE RENDERING FACILITY WHERE THEY ARE CONVERTED TO USABLE FEED INGREDIENTS.

I. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application; I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
William Ricken Complex Mgr	<i>William Ricken</i>	8/12/09

REMARKS FOR OFFICIAL USE ONLY

REMARKS FOR OFFICIAL USE ONLY	
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Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VR0004049

Form Approved
OMB No. 2040-0086
Approval expires 5-31-92

FORM 20 EPA NPDES U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	37	53	30	75	33	57	Sandy Bottom Branch

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g. for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	c. DESCRIPTION	d. LIST CODES FROM TABLE 2C-1
001	Rendering	0.40 mgd	Screening	4-T
	Hatchery	0.012 mgd	Screening	1-T
	Processing	1.20 mgd	Screening	1-T
001	Sanitary waste	0.011 mgd	Anaerobic Treatment	3-C
	Recycle water to Rendering		Activated Sludge	3-A
			Nitrification/denitrification	3-D
		0.25 mgd	Chemical Precipitation	2-C
	Storm water	0.15 mgd	Disinfection	2-F
			Recycle treated eff.	4-C
			Dechlorination	2-E
			Discharge to surface water	4-A
			Sludge Lagoon	5-T
			Gravity Thickening	5-L
			Land application	5-P

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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

YES (complete the following table)

NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		3. DAYS PER WEEK (specify average)	D. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		c. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
	NONE							

I. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

YES (complete Item III-B)

NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

YES (complete Item III-C)

NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
N/A			

IMPROVEMENTS

Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of waste water treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes but is not limited to permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

YES (complete the following table)

NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. RE-REQUIRED	b. PROJECTED
TOTAL NITROGEN AND PHOSPHORUS REDUCTION	001	SANDY BOTTEM BRANCH	ADDITION OF ANOXIC REACTOR AND AERATION TANK ADDITION OF SAND FILTERS	JAN. 2011	

OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED.

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CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

YES (list all such pollutants below)

NO (go to Item VII-B)

N/A

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (identify the test(s) and describe their purposes below) NO (go to Section VIII)

Quarterly WET Testing 1.724 TDC maximum
NOEC > 58% Chronic Testing
C. Dubia, 3 brood survival, reproduction
Required permit parameter

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
James R. Reed & Associates	770 Pilot house drive Newport News, VA 23606	1-757 823-4703	TKN, metals TOL, phosphorus Nitrate, Nitrite Total Nitrogen Cyanide Hardness
Coastal Bioanalyst	6400 Enterprise Court Blouister, VA 23061	1-804- 694-8285	WET Testing

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or use persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print) William Ricken	B. PHONE NO. (area code & no.) 757-824-3471
SIGNATURE <i>William Ricken</i>	D. DATE SIGNED 08/12/09

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VA0004049

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO
001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)	
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVERG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
a. Biochemical Oxygen Demand (BOD)	20.4	136.7	6.68	44.35	< 2.8	16.3	104			
b. Chemical Oxygen Demand (COD)	51	327.5								
c. Total Organic Carbon (TOC)										
d. Total Suspended Solids (TSS)	23	162.5	8.6	53.3	4.4	37.4	208			
e. Ammonia (as N)	69	410.3	14.3	94.2	0.12	1.17	208			
f. Flow	VALUE	1.552 mgd	VALUE	1.25 mgd	VALUE	0.948 mgd	365		VALUE	
g. Temperature (winter)	VALUE	22.88 °C	VALUE	20.27 °C	VALUE	17.66 °C	61		VALUE	°C
h. Temperature (summer)	VALUE	24.49 °C	VALUE	22.13 °C	VALUE	19.76 °C	61		VALUE	°C
i. pH	MINIMUM	6.1	MAXIMUM	7.34	MINIMUM	7.79	365		STANDARD UNITS	

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS				5. INTAKE (optional)			
	a. PRESENT		b. MAXIMUM DAILY VALUE		c. LONG TERM AVERG. VALUE (if available)		d. NO. OF ANALYSES		e. CONCENTRATION		f. MASS		g. LONG TERM AVERAGE VALUE	
	SENT	ABSENT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
a. Bromide (24959-67-9)	X													
b. Chlorine Total Residual	X													
c. Color	X													
d. Fecal Coliform	X		90		23									
e. Fluoride (16984-48-8)	X													
f. Nitrate-Nitrite (as N)	X		138.25	10.52	123	914	56.6	438	26	53				

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS				5. INTAKE (optional)		
	a. DEPT	b. SECT	6. MAXIMUM DAILY VALUE (1) CONCENTRATION	7. MAXIMUM DAILY VALUE (2) MASS	8. MAXIMUM DAILY VALUE (3) CONCENTRATION	9. MAXIMUM DAILY VALUE (4) MASS	10. NO. OF ANAL. YRS	11. CONCENTRATION	12. MASS	13. AVERAGE VALUE	14. CONCENTRATION	15. MASS	16. NO. OF ANAL. YRS
g. Nitrogen, Total Organic (as N)	X												
h. Oil and Grease	X												
i. Phosphorus (as P), Total (7723-14-0)	X												
i. Radioactivity													
(1) Alpha, Total													
(2) Beta, Total													
(3) Radium, Total													
(4) Radium 226, Total													
k. Sulfate (as SO ₄) (14808-79-8)				56 mg/L									
l. Sulfide (as S)													
m. Sulfite (as SO ₃) (14266-45-3)													
n. Surfactants													
o. Aluminum, Total (7429-90-5)													
p. Barium, Total (7440-39-3)													
q. Boron, Total (7440-42-8)													
r. Cobalt, Total (7440-48-4)													
s. Iron, Total (7439-89-6)													
t. Magnesium, Total (7439-95-4)													
u. Molybdenum, Total (7439-98-7)													
v. Manganese, Total (7439-96-6)													
w. Tin, Total (7440-31-6)													
x. Titanium, Total (7440-32-6)													

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001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C: If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol, you must provide the results of a least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that, there are 7 pages to this part; please review each carefully. Complete one table (a-f/7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. TEST REQUIRED	b. PRELIMINARY TEST	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. AVERAGE VALUE	b. NO. ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS										
1M. Antimony, Total (7440-36-0)		X								
2M. Arsenic, Total (7440-38-2)		X								
3M. Beryllium, Total (7440-41-7)		X								
4M. Cadmium, Total (7440-43-9)		X								
5M. Chromium, Total (7440-47-3)		X								
6M. Copper, Total (7440-50-9)	X		2.3 ug	0.12	10.75 ug	0.13	5.7 ug/l	0.043		
7M. Lead, Total (7439-92-1)		X								
8M. Mercury, Total (7439-97-6)		X								
9M. Nickel, Total (7440-02-0)		X								
10M. Selenium, Total (7782-49-2)		X								
11M. Silver, Total (7440-22-4)		X								
12M. Thallium, Total (7440-28-0)		X								
13M. Zinc, Total (7440-66-6)	X									
14M. Cyanide, Total (57-12-5)		X								
15M. Phenols, Total		X								
DIOXIN										
2,3,7,8-Tetra chlorodibenzo-p-Dioxin (1764-01-6)		X								

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1. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X' (TESTING REQUIRED)	3. EFFLUENT		4. UNITS		5. INTAKE (optical)		
		a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	c. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. NO. OF ANALYSES
GC/MS FRACTION - VOLATILE COMPOUNDS								
1V. Acrolein (107-02-8)	X							
2V. Acrylonitrile (107-13-1)	X							
3V. Benzene (71-43-2)	X							
4V. Bis (Chloromethyl) Ether (542-88-1)	X							
5V. Bromoform (75-26-2)	X							
6V. Carbon Tetrachloride (66-23-5)	X							
7V. Chlorobenzene (108-90-7)	X							
8V. Chlorodibromomethane (124-48-1)	X							
9V. Chloroethane (75-00-3)	X							
10V. 2-Chloroethylvinyl Ether (110-75-8)	X							
11V. Chloroform (67-66-3)	X							
12V. Dichlorobromomethane (75-27-4)	X							
13V. Dichlorodifluoromethane (75-71-8)	X							
14V. 1,1-Dichloroethane (75-34-3)	X							
15V. 1,2-Dichloroethane (107-06-2)	X							
16V. 1,1-Dichloroethylene (75-35-4)	X							
17V. 1,2-Dichloropropane (78-87-5)	X							
18V. 1,3-Dichloropropane (542-78-0)	X							
19V. Ethylbenzene (100-41-4)	X							
20V. Methyl Bromide (74-83-9)	X							
21V. Methyl Chloride (74-87-3)	X							

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. NO. OF ANALYSES		5. A. UNITS		6. B. INTAKE (optional)	
	TESTED	CONCENTRATION	MAXIMUM DAILY VALUE	CONCENTRATION	CONCENTRATION	CONCENTRATION	CONCENTRATION	CONCENTRATION	CONCENTRATION	CONCENTRATION
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)	ED	SENT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
23V. Methylchloride (75-09-2)			X							
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X							
24V. Tetrachloroethylene (127-18-4)			X							
25V. Toluene (108-88-3)			X							
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X							
27V. 1,1,1-Trichloroethane (71-55-6)			X							
28V. 1,1,2-Trichloroethane (79-00-5)			X							
29V. Trichloroethylene (79-01-6)			X							
30V. Trichlorofluoromethane (75-69-4)			X							
31V. Vinyl Chloride (75-01-4)			X							
GC/MS FRACTION - ACID COMPOUNDS										
1A. 2-Chlorophenol (96-57-8)			X							
2A. 2,4-Dichlorophenol (120-83-2)			X							
3A. 2,4-Dimethylphenol (105-67-9)			X							
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X							
5A. 2,4-Dinitrophenol (51-28-5)			X							
6A. 2-Nitrophenol (88-75-5)			X							
7A. 4-Nitrophenol (100-02-7)			X							
8A. p-Chloro-M-Cresol (59-50-7)			X							
9A. Pentachlorophenol (87-86-5)			X							
10A. Phenol (108-95-2)			X							
11A. 2,4,6-Trichlorophenol (88-06-2)			X							

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	TEST NO. QUIN. ED.	TEST NO. QUIN. ED.	MAXIMUM DAILY VALUE CONCENTRATION (1)	MAXIMUM 30 DAY VALUE CONCENTRATION (1)	LONG TERM AVG. VALUE (if available) (1) MASS CONCENTRATION	NO. OF ANAL. YRS.	CONCENTRATION	AVERAGE VALUE (1) CONCENTRATION	LONG TERM AVERAGE VALUE (1) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS									
1B. Acenaphthene (83-32-9)		X							
2B. Acenaphthylene (208-96-8)		X							
3B. Anthracene (120-12-7)		X							
4B. Benzidine (92-87-5)		X							
5B. Benzo (a) Anthracene (56-55-3)		X							
6B. Benzo (a) Pyrene (50-32-8)		X							
7B. 3,4-Benzo fluoranthene (205-99-2)		X							
8B. Benzo (ghi) Perylene (191-24-2)		X							
9B. Benzo (h) Fluoranthene (207-08-9)		X							
10B. Bis (2-Chloroethoxy) Methane (111-91-1)		X							
11B. Bis (2-Chloroethyl) Ether (111-44-4)		X							
12B. Bis (2-Chloropropyl) Ether (102-60-1)		X							
13B. Bis (2-Ethylhexyl) Phthalate (117-817)		X							
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)		X							
15B. Butyl Benzyl Phthalate (65-66-7)		X							
16B. 2-Chloro-naphthalene (91-58-7)		X							
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)		X							
18B. Chrysene (218-01-9)		X							
19B. Dibenz (a,h) Anthracene (63-70-3)		X							
20B. 1,2-Dichloro-benzene (95-50-1)		X							
21B. 1,3-Dichloro-benzene (541-73-1)		X							

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'K'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	STREET NO.	DATE RECEIVED	B. MAXIMUM DAILY VALUE (if available)	B. MAXIMUM 30 DAY VALUE (if available)	B. CONCENTRATION	B. MASS	B. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	B. NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)								
22B. 1,4-Dichlorobenzene (106-46-7)		X						
23B. 3,3'-Dichlorobenzidine (91-94-1)		X						
24B. Diethyl Phthalate (84-66-2)		X						
25B. Dimethyl Phthalate (131-11-3)		X						
26B. Di-N-Butyl Phthalate (84-74-2)		X						
27B. 2,4-Dinitrotoluene (121-14-2)		X						
28B. 2,6-Dinitrotoluene (606-20-2)		X						
29B. Di-N-Octyl Phthalate (117-84-0)		X						
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)		X						
31B. Fluoranthene (206-44-0)		X						
32B. Fluorene (86-73-7)		X						
33B. Hexachlorobenzene (119-74-1)		X						
34B. Hexachlorobutadiene (87-68-3)		X						
35B. Hexachlorocyclopentadiene (77-47-4)		X						
36B. Hexachloroethane (67-72-1)		X						
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)		X						
38B. Isophorene (78-59-1)		X						
39B. Naphthalene (91-20-3)		X						
40B. Nitrobenzene (98-96-3)		X						
41B. N-Nitrosodimethylamine (62-78-9)		X						
42B. N-Nitrosodimethylamine (62-164-7)		X						

CONTINUED FROM THE FRONT

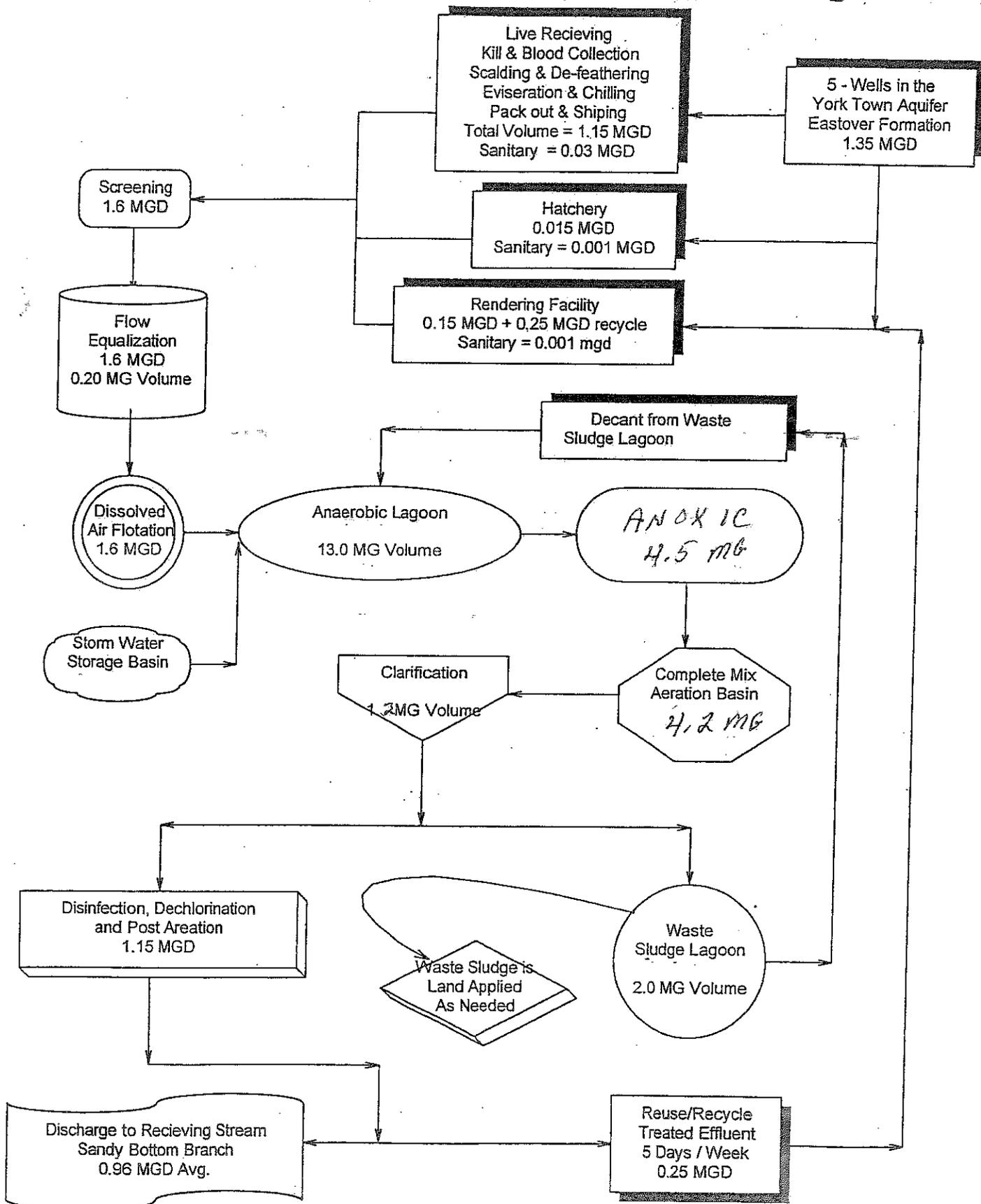
1. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	a. TEST RESULTS	b. SEC. OILS	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. LONG TERM AVERAGE VALUE (2) MASS	
3C/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
13B. N-Nitro- odibenzylamine (86-30-6)		X							
14B. Phenanthrene (85-01-9)		X							
15B. Pyrene (129-00-0)		X							
16B. 1,2,4-Tri- chlorobenzene (120-82-1)		X							
3C/MS FRACTION - PESTICIDES									
1P. Aldrin (309-00-2)		X							
2P. α -BHC (319-84-6)		X							
3P. β -BHC (319-35-7)		X							
4P. γ -BHC (58-89-9)		X							
5P. δ -BHC (319-86-8)		X							
6P. Chlordane (57-74-9)		X							
7P. 4,4'-DDT (50-29-3)		X							
8P. 4,4'-DDE (72-55-9)		X							
9P. 4,4'-DDD (72-54-8)		X							
10P. Dieldrin (60-57-1)		X							
11P. α -Endosulfan (115-29-7)		X							
12P. β -Endosulfan (115-29-7)		X							
13P. Endosulfan Sulfate (1031-07-8)		X							
14P. Endrin (72-20-8)		X							
15P. Endrin Aldehyde (7421-93-4)		X							
16P. Heptachlor (76-44-8)		X							

VIT 000 4049 001

I. POLLUTANT AND NUMBER (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	A. TESTED (Y/N)	B. PRESENT (Y/N)	C. BGC PRESENT (Y/N)	B. MAXIMUM 30 DAY VALUE (if available)	(1) CONCENTRATION	(2) MASS	(3) MASS	(1) CONCENTRATION	(2) MASS	A. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	D. NO. OF ANALYSES
IC/MS FRACTION - PESTICIDES (continued)												
7P. Heptachlor epoxide 1024-57-3			X									
8P. PCB-1242 53469-21-9			X									
9P. PCB-1254 11097-69-1			X									
10P. PCB-1221 11104-28-2			X									
11P. PCB-1232 11141-16-5			X									
12P. PCB-1248 12672-29-6			X									
13P. PCB-1260 11096-82-5			X									
14P. PCB-1016 12674-11-2			X									
15P. Toxaphene 8001-35-2			X									

Tyson Foods, Inc.

Temperanceville, VA Line Drawing



DEPARTMENT OF ENVIRONMENTAL QUALITY
 WATER QUALITY MONITORING
 ATTACHMENT A

FACILITY NAME: Tyson Farms, Incorporated

ADDRESS: 11224 Larkford Highway, Temperanceville, VA 23142

PERMIT NO.: VAD0004040 OUTFALL NO.: 002

METALS

2-22-2009 to 2-21-2010

REPORTING PERIOD: FROM: 11 TO: 11

REPRESENTING:

1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th SEMIANNUAL PERIOD (circle one)

ONCE PER PERMIT TERM

DEQ PARAM #	EPA PARAM #	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY ⁽³⁾	SPECIFIC TARGET VALUE ⁽⁴⁾
		Antimony (Dissolved)	(5)	(5)	< 0.005 mg/L	G	A	
438	01000	Arsenic (Dissolved)	(5)	(5)	< 0.005 mg/L	G	(PWS)	
		Arsenic III (Dissolved)	(5)	(5)	< 0.005 mg/L	G	A	
439	01005	Barium (Dissolved)	(5)	(5)	< 0.005 mg/L	G	(PWS)	
440	01025	Cadmium (Dissolved)	(5)	(5)	< 0.005 mg/L	G	A	
232	01033	Chromium III* (Dissolved)	(5)	(5)	< 0.003 mg/L	G	(PW)	
023	01032	Chromium VI (Dissolved)	(5)	(5)	< 0.008 mg/L	G	A	
442	01040	Copper (Dissolved)	(5)	(5)	0.006 mg/L	G	A	
308	01048	Iron (Dissolved)	(5)	(5)	0.029 mg/L	G	(PWS)	
405	01046	Lead (Dissolved)	(5)	(5)	< 0.005 mg/L	G	A	
443	01056	Manganese (Dissolved)	(5)	(5)	0.005 mg/L	G	(PWS)	
444	71830	Mercury (Dissolved)	(5)	(5)	< 0.002 mg/L	G	A	
445	01065	Nickel (Dissolved)	(5)	(5)	< 0.005 mg/L	G	A	
446	01145	Selenium (Dissolved)	(5)	(5)	< 0.005 mg/L	G	A	
447	01075	Silver (Dissolved)	(5)	(5)	< 0.001 mg/L	G	A	
448	01092	Zinc (Dissolved)	(5)	(5)	0.009 mg/L	G	A	



DEPARTMENT OF ENVIRONMENTAL QUALITY
 WATER QUALITY MONITORING
 ATTACHMENT A

FACILITY NAME: Tyson Farms, Incorporated

ADDRESS: 11224 Lankford Highway, Temperanceville, VA 23443

PERMIT NO.: VA0004049 OUTFALL NO.: 002

DEC. PARAM #	EPA PARAM #	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY ⁽³⁾	SPECIFIC TARGET VALUE ⁽⁴⁾
PESTICIDES/PCB'S								
2-22-2005 to 2-21-2006								
REPORTING PERIOD: FROM: 11 TO: 11								
REPRESENTING: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th SEMI-ANNUAL PERIOD (circle one)								
ONCE PER PERMIT TERM								
332	30330	Aldrin	602	0.05	<0.05 ug/l	G	C	NA
333	30350	Chlordane	606	0.2	<0.2 ug/l	G	C	NA
334	77000	Chlorpyrifos (Dursban)	692	(7)	<0.2 ug/l	G	C	NA
		DDD	605	0.1	<0.05 ug/l	G	C	NA
		DDE	608	0.1	<0.05 ug/l	G	C	NA
335	30370	DDT	605	0.1	<0.05 ug/l	G	C	NA
336	30560	Demeton	(6)	(7)	<1 ug/l	G	C	NA
523	30730	2,4-dichlorophenoxy acetic acid (2,4-D)	(9)	(7)	<0.2 ug/l	G	(FWS)	NA
337	30380	Dieldrin	603	0.1	<0.05 ug/l	G	C	NA
		Endosulfan	609	0.1	<0.05 ug/l	G	C	NA
339	30390	Endrin	603	0.1	<0.05 ug/l	G	C	NA
340	30690	Guthion	622	(7)	<1 ug/l	G	C	NA
341	30410	Heptachlor	608	0.05	<0.05 ug/l	G	C	NA
342	77835	Hexachlorocyclohexane (Lindane)	608	0.05	<0.05 ug/l	G	C	NA
		Kepon	(6)	(7)	<5 ug/l	G	C	NA
343	30530	Melathion	(6)	(7)	<1 ug/l	G	C	NA
344	30480	Methoxychlor	(6)	(7)	<0.05 ug/l	G	C	NA
345	30755	Mirex	(6)	(7)	<0.05 ug/l	G	C	NA
346	30540	Permethrin	(6)	(7)	<1 ug/l	G	(FWS)	NA
641		PCB-1242	608	1.0	<0.5 ug/l	G	C	NA
642		PCB-1254	608	1.0	<0.2 ug/l	G	C	NA
643		PCB-1221	608	1.0	<0.5 ug/l	G	C	NA
644		PCB-1252	605	1.0	<0.5 ug/l	G	C	NA
645		PCB-1246	602	1.0	<0.5 ug/l	G	C	NA
646	30905	PCB-1260	608	1.0	<0.2 ug/l	G	C	NA

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A

FACILITY NAME: Tyson Farms, Incorporated

ADDRESS: 11224 Lorillard Highway, Temperanceville, VA 23442

PERMIT NO.: VA0004049 OUTFALL NO.: 002

DEC PARAM #	EPA PARAM #	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY ⁽³⁾	SPECIFIC TARGET VALUE ⁽⁴⁾
646		PCB-1016	606	1.0	< 0.5 ug/l	G	C	NA
949	88400	Toxaphene	605	5.0	X	G	X	NA
647		2-(2,4,5-Trichlorophenoxy) propionic acid (51'ext)	(5)	(7)	< 0.2 ug/l	G	(FW)	NA

BASE NEUTRAL EXTRACTABLES

2-22-2005 to 2-21-2010

REPORTING PERIOD: FROM: 11 TO: 11

REPRESENTING: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th SEMIANNUAL PERIOD (circle one)

ONCE PER PERMIT TERM

		Acenaphthene	625	10.0	< 5 ug/l	G	C	NA
276	34222	Anthracene	625	10.0	< 5 ug/l	G	C	NA
276	34626	Benzo(a)anthracene	625	10.0	< 5 ug/l	G	C	NA
648		Benzo(b)fluoranthene	625	10.0	< 5 ug/l	G	C	NA
276	34242	Benzo(k)fluoranthene	625	10.0	< 5 ug/l	G	C	NA
277	34247	Benzo(a)pyrene	625	10.0	< 5 ug/l	G	C	NA
		Butyl benzyl phthalate	625	10.0	< 5 ug/l	G	C	NA
282	34920	Chrysene	625	10.0	< 5 ug/l	G	C	NA
664		Dibenz(a,h)anthracene	625	20.0	< 5 ug/l	G	C	NA
		Dibutyl phthalate	625	10.0	< 5 ug/l	G	C	NA
269	34636	1,2-Dichlorobenzene	625	10.0	< 5 ug/l	G	C	NA
264	34666	1,3-Dichlorobenzene	625	10.0	< 5 ug/l	G	C	NA
266	34671	1,4-Dichlorobenzene	625	10.0	< 5 ug/l	G	C	NA
		Diethyl phthalate	625	10.0	< 5 ug/l	G	C	NA
170		Di-2-Ethylhexyl Phthalate	625	10.0	< 5 ug/l	G	C	NA
239	34611	2,4-Dinitrochlorobenzene	625	10.0	< 5 ug/l	G	C	NA
267	34378	Fluorene	625	10.0	< 5 ug/l	G	C	NA
298	34331	Fluorene	625	10.0	< 5 ug/l	G	C	NA
661		Indeno(1,2,3-cd)pyrene	625	20.0	< 5 ug/l	G	C	NA
660		Ioplorone	625	10.0	< 5 ug/l	G	C	NA
299	34666	Naphthalene	625	10.0	< 5 ug/l	G	C	NA
		Nitrobenzene	625	10.0	< 5 ug/l	G	C	NA
296	34469	Pyrene	625	10.0	< 5 ug/l	G	C	NA
		1,2,4-Trichlorobenzene	625	10.0	< 5 ug/l	G	C	NA

DEPARTMENT OF ENVIRONMENTAL QUALITY
 WATER QUALITY MONITORING
 ATTACHMENT A

FACILITY NAME: Tyeon Farms, Incorporated
 ADDRESS: 11224 Lankford Highway, Temperanceville, VA 22442
 PERMIT NO.: VAG004049 CUTFALL NO.: 002

DEC PARAM #	EPA PARAM #	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY ⁽³⁾	SPECIFIC TARGET VALUE ⁽⁴⁾
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VOLATILES

REPORTING PERIOD: FROM: 2-27-2005 TO: 2-21-2010

REPRESENTING: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th SEMIANNUAL PERIOD (circle one)

ONCE PER PERMIT TERM

216	34030	Benzene	624	10.0	< 5 ug/l	G	C	NA
484	32104	Bromoform	624	10.0	< 5 ug/l	G	C	NA
238	32102	Carbon Tetrachloride	624	10.0	< 5 ug/l	G	C	NA
652		Chlorobromomethane	624	10.0	< 5 ug/l	G	C	NA
223	32105	Chloroform	624	10.0	< 5 ug/l	G	C	NA
648		Dichloromethane	624	20.0	< 5 ug/l	G	C	NA
244	79005	Dichlorobromomethane	624	10.0	< 5 ug/l	G	C	NA
280	34631	1,2-Dichloroethane	624	10.0	< 5 ug/l	G	C	NA
		1,1-Dichloroethylene	624	10.0	< 5 ug/l	G	C	NA
172	34371	Ethylbenzene	624	10.0	< 5 ug/l	G	C	NA
653		Monochlorobenzene	624	50.0	< 5 ug/l	G	C	NA
220	34476	Tetrachloroethylene	624	10.0	< 5 ug/l	G	C	NA
222	34010	Toluene	624	10.0	< 5 ug/l	G	C	NA
155	39180	Trichloroethylene	624	10.0	< 5 ug/l	G	C	NA
173	39175	Vinyl Chloride	624	10.0	< 10 ug/l	G	C	NA

ACIDS EXTRACTABLES

REPORTING PERIOD: FROM: // TO: //

REPRESENTING: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th SEMIANNUAL PERIOD (circle one)

ONCE PER PERMIT TERM

		2-Chlorophenol	625	10.0	< 5 ug/l	G	C	NA
		2,4-Dichlorophenol	626	10.0	< 5 ug/l	G	C	NA
		2,4-Dimethylphenol	625	10.0	< 5 ug/l	G	C	NA
210	39092	Pentachlorophenol	628	50.0	< 10 ug/l	G	C	NA
175	49006	Phenol ⁽⁵⁾	625	10.0	< 5 ug/l	G	C	NA
602	34621	2,4,6-Trichlorophenol	628	10.0	< 5 ug/l	G	C	NA

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A

FACILITY NAME: Tyson Farms, Incorporated
ADDRESS: 11324 Landon Highway, Temperanceville, VA 22442
PERMIT NO.: VAD000403 OUTFALL NO.: 002

EPC PARAM #	EPA PARAM #	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY ⁽³⁾	SPECIFIC TARGET VALUE ⁽⁴⁾
MISCELLANEOUS								
REPORTING PERIOD: FROM: <u>2-17-2005</u> TO: <u>2-21-2010</u>								
REPRESENTING: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th SEMIANNUAL PERIOD (circle one)								
ONCE PER PERMIT TERM								
009	00810	Ammonia as NH3-N	852.1	200	0.1 mg/L	G	A	NA
		Chlorides (mg/l)	(6)	(7)	227 mg/L	G	(PW & PWS)	NA
005	80060	Chlorine, Total Residual	(6)	100	0.00	G	A	NA
016	00720	Cyanide	336.2	10.0	< 0.005 mg/L	G	A	NA
306	00558	Dioxin	1618	0.00001	X	G	X	NA
		Fecal Coliform (NCM)	(6)	(7)	0	G	A	NA
		Foaming Agents (as MBAS)	(6)	(7)	< 0.05 mg/L	G	(PWS)	NA
197	00800	Hardness (as mg/l CaCO3)	(6)	(7)	105 mg/L	G	A	NA
		Hydrogen Sulfide	(6)	(7)	< 0.096 mg/L	G	A	NA
		Nitrate (as mg/l N)	(6)	(7)	105	G	A	NA
009	00845	Sulfate (mg/l)	(6)	(7)	56 mg/L	G	(PWS)	NA
		Total Dissolved Solids (mg/l)	(6)	(7)	1280 mg/L	G	(PWS)	NA
350	90840	Tributyltin	(9)	(8)	X	G	X	
282	81551	Xylenes (total)	SW 846 Method 8021B	(7)	< 2 µg/L	G	C	NA

William Ricker Complex Manager
Name of Principal Exec. Officer or Authorized Agent / Title

William Miller 08-03-09
Signature of Principal Officer or Authorized Agent / Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. See 18 U.S.C. §1001 and 33 U.S.C. §1910. (Penalties under these statutes may include fines up to \$40,000 and/or maximum imprisonment of between 5 months and 5 years.)

(1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

Units for the quantification level and the specific target value are micrograms/liter unless otherwise specified.

Please print or type in the unshaded areas only.

FORM
2F
NPDES



U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
003	37	53	06.89	75	33	14.72	
004	37	53	04.63	75	33	16.19	

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

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Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
003	240,000 square feet	310,000 sq ft			
004	40,000 square feet	62,500 sq ft			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

No significant materials are currently or have been stored in the previous three years that will impact storm water runoff. No pesticides, soil conditioners, or fertilizers are used in the area of Outfall 003 or Outfall 004.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
003	None	
004	Rip Rap	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
David Redinger/EES Manager		8/2/10

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No significant spills have occurred in the prior three years.

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VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis -- is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

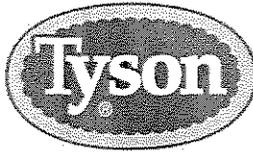
A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print) David Redinger/BHS Manager	B. Area Code and Phone No. (757) 824-3471
C. Signature 	D. Date Signed 08/02/2010

Rec'd
8-4-10
via email



Tyson Foods, Inc.

June 09, 2010

Ms. Debra Thompson
Virginia Department of Environmental Quality
Tidewater Regional Office
5636 Southern Blvd.
Virginia Beach, VA 23462

Re: Outfall 002

Dear Ms. Thompson,

I write on behalf of Tyson Foods, Inc. (Tyson) as a follow up to our discussions regarding Outfall 002.

We would ask that the storm water outfall designated as 002 in previous permits be eliminated. In the previous five years only one small discharge occurred from this outfall under difficult operational conditions (detailed in letter dated May 10, 2010).

To eliminate this possible issue in the future, Tyson has been working with John Reed and Associates, our wastewater engineering contractor, to redesign the storm water flow at the Temperanceville, VA complex. In this project, the detention basin will be redesigned to capture even more rainfall, divert any process flows to the wastewater treatment facility and add a device to slow the flow to the detention basin in periods of extreme rainfall. This device will allow storm water to be collected in existing ditches on the southern side of the facility and eliminate the possibility of overloading the capacity of the detention basin.

With these practices and additional equipment, we are confident that Outfall 002 will be unnecessary in future permits.

Should you have any questions, or if you need additional information in this matter, please feel free to call me at 757-824-3471 or by email at david.redinger@tyson.com.

Sincerely,

David P. Redinger
Complex EHS Manager
Tyson Foods, Inc.

Thompson, Debra (DEQ)

From: Redinger, David [david.redinger@tyson.com]
Sent: Friday, July 30, 2010 4:32 PM
To: Thompson, Debra (DEQ)
Subject: FW:
Attachments: TvilleSW.jpg

These are what I am talking about ...

From: Thompson, Debra (DEQ) [mailto:Debra.Thompson@deq.virginia.gov]
Sent: Friday, July 30, 2010 2:46 PM
To: Redinger, David
Subject: RE:

Form 2F.....I need good description of runoff area...like green areas, grass, ag field, employee parking lot etc

*Debra L. Thompson
 Environmental Engineer Senior
 VA Department of Environmental Quality
 5636 Southern Boulevard
 Virginia Beach, VA 23462
 (757) 518-2162 phone*

NEW EMAIL ADDRESS:

debra.thompson@deq.virginia.gov

Office Info: <http://www.deq.virginia.gov/regions/tidewater.html>

The information in this e-mail may be viewed by others and is subject to disclosure under the Freedom of Information Act (FOIA)

From: Redinger, David [mailto:david.redinger@tyson.com]
Sent: Friday, July 30, 2010 1:15 PM
To: Thompson, Debra (DEQ)
Subject:

Deb,

What form was it that I needed to fill out for the stormwater outfall from the parking lot?

David Redinger
 Complex Environmental Manager
 Tyson Foods, Inc.
 P.O. Box 8
 11224 Laneford Highway
 Temperanceville, VA 23442
 (C) 757-824-3471 ext. 274
 (F) 757-824-4831
 (C) 443-783-2872

8/10/2010

Thompson, Debra (DEQ)

From: Redinger, David [david.redinger@tyson.com]
Sent: Friday, May 14, 2010 3:42 PM
To: Thompson, Debra (DEQ)
Subject: RE: Tyson VPDES Permit Live Weight Kill (LWK) Information

Rendering uses about 200,000 gpd

Sanitary is about right at 10-11,000 gpd

LWK is in the 280-320 million pounds/year range.. that's ballpark but if you would like I can get the actual numbers for the last couple years.. Just let me know

Have a great weekend !!

From: Thompson, Debra (DEQ) [mailto:Debra.Thompson@deq.virginia.gov]
Sent: Friday, May 14, 2010 3:32 PM
To: Redinger, David
Subject: Tyson VPDES Permit Live Weight Kill (LWK) Information

Hi Dave, Federal Effluent guidelines apply based on pounds per year in units of Live Weight Kill (LWK) Can you get me a pounds per year LWK for Temperanceville?

How much water is recycled back to rendering on a daily basis? Last permit reported 35,000 gallons/day

What is the sanitary contribution per day? Last permit reported 11,000 gallons/day.

Thanks, Deb

Debra L. Thompson

Environmental Engineer Senior

VA Department of Environmental Quality

5636 Southern Boulevard

Virginia Beach, VA 23462

Thompson, Debra (DEQ)

From: Redinger, David [david.redinger@tyson.com]
Sent: Monday, May 10, 2010 5:01 PM
To: Thompson, Debra (DEQ)
Subject: Emailing: 01 TVL PFD 5-10-10.pdf

Attachments: 01 TVL PFD 5-10-10.pdf



01 TVL PFD
-10-10.pdf (227 KB)

Deb,

Here is one drawing that I got today ... Its got pumps and level indicators marked but is pretty much an accurate diagram also

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Thompson, Debra (DEQ)

From: Redinger, David [david.redinger@tyson.com]
Sent: Monday, August 24, 2009 1:28 PM
To: Thompson, Debra
Subject: Emailing: TviileChemical07-20-09.xls

Attachments: TviileChemical07-20-09.xls

Chemical list



TviileChemical07-20-09.xls (73...

These are the Tier 2 chemicals for the complex.

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